

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561502

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	1	1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		2		1		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19	1		1			
20		1		1		
21		2		1		
22	1		1			
23		1		1		
24		1		1		
25	1		1			
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48						
49						
50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	22	←	20	←		←
TOTAL CLAIMS	28		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						